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ATTORNEYS:  
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\*BOARD CERTIFIED SPECIALIST  
IN REAL PROPERTY LAW

TITLE INSURANCE  
REAL ESTATE CLOSINGS  
REAL PROPERTY LAW  
WILLS, TRUSTS AND ESTATE PLANNING  
ESTATE ADMINISTRATION AND PROBATE  
LANDLORD - TENANT LAW  
CORPORATION AND BUSINESS LAW

August 15, 2000

**VIA FEDERAL EXPRESS**

Secretary of State  
Division of Corporations  
409 West Gaines Street  
Tallahassee, FL 32301

Re: Our File No.: 4869.01  
Articles of Organization  
BLUE MOON PROPERTIES OF BOCA RATON, LLC

Dear Sir/Madam:

L-10204

Enclosed, please find one original of the above referenced company which we submit to you, together with our check in the sum of \$160.00, and request filing of the original.

Please issue a certified copy along with a certificate of status and designation of registered agent then return them to our office in the enclosed self-addressed envelope.

Your attention to this matter is greatly appreciated, and we remain,

800003360018--2  
-08/16/00--01103--003  
\*\*\*160.00 \*\*\*160.00

Very truly yours,  
GRANT W. KEHRES, P.A.

Grant W. Kehres,  
for the firm.

GWK:scz  
enclosures  
Via Federal Express

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BLUE MOON PROPERTIES OF BOCA RATON, LLC

**ARTICLE II - Address:**

The mailing and street address of the principal office of the Limited Liability Company is:

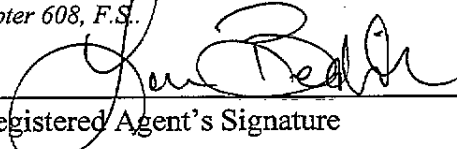
3498 Pine Haven Circle  
Boca Raton, FL 33431

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:


Lorraine Bedick  
3498 Pine Haven Circle  
Boca Raton, FL 33431

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV - Management (Check if applicable)**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LORRAINE BEDICK  
\_\_\_\_\_  
Typed or printed name of signee.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA